

Taking Action for Healthy Kids

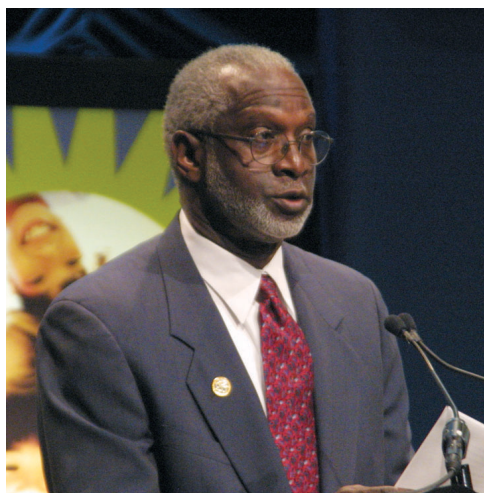
Taking Action for Healthy Kids:

A Report on the Healthy Schools Summit
and the Action for Healthy Kids Initiative



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**“Together we really can
make a difference in the
health of our nation’s children.
The stakes are too high to do nothing.”**

**David Satcher, Former U.S. Surgeon General and Chair, Action for Healthy Kids,
speaking at the Healthy Schools Summit**

Introduction

In October 2002, over 500 leaders from the education, physical activity/physical education, health and nutrition fields convened in Washington, D.C., at the national Healthy Schools Summit. The Summit came in response to the 2001 *Call to Action to Prevent and Decrease Overweight and Obesity* issued by U.S. Surgeon General David Satcher, a report that indicated an urgent need to address the epidemic of overweight and obesity in our nation's children, particularly in the school environment. Chaired by Dr. Satcher with First Lady Mrs. Laura Bush serving as Honorary Chair, the Summit addressed school-based nutrition and physical activity practices that can contribute to greater student health and improved academic performance.

The Summit was a groundbreaking collaboration of nearly 35 national education and health organizations and government agencies, all dedicated to taking action for our children's health. Together, these organizations and agencies formed the Healthy Schools Summit Planning Committee, a core team that developed the *Commitment to Change*, the guiding document that identifies 12 goals for sound nutrition and physical activity in schools.

Participants at the Healthy Schools Summit explored innovative approaches to creating healthier school environments, shared ideas about what's working in schools, districts and states across the nation, and established state teams to develop state and local actions following the Summit.

Far more than just another meeting or conference, the Healthy Schools Summit launched the nationwide Action for Healthy Kids initiative to inform, motivate and mobilize schools, school districts and states to chart a healthier course for our nation's children and adolescents. Action for Healthy Kids, a non-profit organization chaired by Dr. Satcher, is an integrated national and state network dedicated to improving children's nutrition and physical activity in schools. It seeks to accomplish its goals by collaborating with diverse stakeholders in advocating, promoting and implementing national, state and local initiatives.

This report highlights ideas and solutions shared at the Healthy Schools Summit and sets forth the Action for Healthy Kids vision for creating health-promoting schools that support sound nutrition and physical activity.



Scenes from the Healthy Schools Summit (clockwise from upper left): Howell Wechsler, Division of Adolescent and School Health, Centers for Disease Control and Prevention; Shiriki Kumanyika, Associate Dean for Health Promotion and Disease Prevention, University of Pennsylvania School of Medicine; Kim Anderson, Principal, Whitefish (Montana) Central School; Jane Tschetter, National Vice President of Community Services, Family, Career & Community Leaders of America; Gerald Tirozzi, Executive Director, National Association of Secondary School Principals; panelists (left to right) Paul Schmid, Director of Food Services, School District of Philadelphia, Patricia Newby, Former Superintendent, Grand Rapids (Michigan) Public Schools and Ronald Epps, Superintendent, Richland County (South Carolina) School District

October 7, 2002

Dear Healthy Schools Summit Colleagues:

Now that the Healthy Schools Summit has arrived, I am pleased to acknowledge all the individuals and organizations that helped to develop, plan and make the Summit a reality—from its initial conception to its exciting realization today. These organizations—representing many of the nation’s most prestigious and influential organizations and individuals in education, nutrition and children’s health and physical activity—provided direction, insight and expertise, and shaped the Summit in such a way that we will be poised to advance the Action for Healthy Kids initiative long after we have wrapped up the Summit itself.

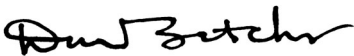
Formed nearly a year ago, the Healthy Schools Summit Advisory Panel created the vision and defined the goals and desired outcomes of the Summit. In establishing the Summit’s mission, the Advisory Panel kept the following driving question in mind: “How can the Healthy Schools Summit engender meaningful action for healthier schools on a comprehensive level?” To this end, the Panel advised that the Summit should move beyond promoting awareness to *take action* for healthier school environments in the areas of nutrition and physical activity. *The Surgeon General’s Call to Action to Prevent and Decrease Overweight and Obesity*, released in December 2001, became the basis for the *Commitment to Change*, the guiding document for the Summit.

The Planning Committee, an expanded group of organizations with key constituencies in education and health, created a structure for advancing the mission and goals established by the Advisory Panel through the concept of state teams. These state teams, charged with developing an action plan for change, will extend the impact of the Summit into the future and make true, lasting change in schools’ health environment.

Finally, I would like to acknowledge the National Dairy Council (NDC) for being the catalyst behind the Healthy Schools Summit and for helping to bring together such a comprehensive group of organizations to work collaboratively for change. I am most grateful to NDC and to everyone involved in the Summit. The time and energy invested will have far-reaching impact as the Action for Healthy Kids Initiative unfolds on local, regional, state and national levels.

Thank you for taking action for healthy kids!

Sincerely yours,



David Satcher, MD, PhD
Chair, Healthy Schools Summit

Dear Friends:

As Honorary Chair, I send greetings as you gather for the Healthy Schools Summit.

All parents want their children to have access to a bright future. Nutrition and physical activity have a significant impact on our nation’s children, and schools that promote healthy habits are better able to help students achieve their educational potential.

The Summit’s message—that healthy schools produce healthy students—is one that all of us can take to our homes and communities. And as a result, more children will learn, thrive and succeed, now and in their adult years.

My special thanks to the Summit collaborators, who provide a wonderful example of what happens when the private and public sectors combine their talents and expertise to accomplish an important goal.

President Bush joins me in sending best wishes for a productive Summit. May you go home inspired by the knowledge that you are making a difference in the lives of many children.

With warm regards,

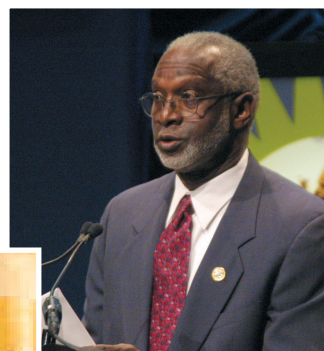


Laura Bush, Honorary Chair

Letters to 2002 Healthy Schools Summit participants



More scenes from the Healthy Schools Summit (clockwise from upper left): Duane Alexander, Director, National Institute of Child Health and Human Development; AFHK State Teams at work; Former U.S. Surgeon General and AFHK Chair David Satcher; Carol Tucker Foreman, Director, The Food Policy Institute; Pat Cooper, Superintendent, McComb (Mississippi) School District; Jean Ragalie, Executive Vice President, Public and Industry Relations, National Dairy Council



Healthy Schools Summit Planning Committee

American Academy of Family Physicians
 American Academy of Pediatrics
 American Association of School Administrators
 American Cancer Society
 American College of Nutrition
 American Dietetic Association
 American Federation of Teachers
 American School Food Service Association
 American School Health Association
 Association for Supervision and Curriculum Development
 Association of State and Territorial Public Health Nutrition Directors
 Council of Chief State School Officers
 Family, Career & Community Leaders of America
 Food Research and Action Center
 National Association for Sport and Physical Education
 National Association of Elementary School Principals
 National Association of School Nurses
 National Association of Secondary School Principals

National Association of State Boards of Education
 National Association of Student Councils
 National Coalition for Parent Involvement in Education
 National Community Education Association
 National Conference of State Legislatures
 National Dairy Council
 National Education Association – *Health Information Network*
 National Medical Association
 National School Boards Association
 The Robert Wood Johnson Foundation
 Society for Nutrition Education
 U.S. Department of Agriculture – *Food and Nutrition Service*
 U.S. Department of Education – *Office of Safe and Drug-Free Schools*
 U.S. Department of Health and Human Services – *Centers for Disease Control and Prevention, National Institute of Child Health and Human Development, Office of Public Health and Science*

The shape of our nation's children: An epidemic of overweight and obesity

A quiet crisis is occurring in our nation's schools. Our schoolchildren are overweight, undernourished and sedentary at increasingly alarming rates. As a result of the harmful effects of this new youth epidemic, children and adolescents are at risk of not realizing their full potential as students.

In 2001, Dr. David Satcher—then U.S. Surgeon General—issued an alarming report. According to data in the *Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*, overweight has tripled in adolescents over the past 20 years. Now at “epidemic proportions in the United States,” according to the Surgeon General, overweight and obesity represent a serious and growing health and economic issue.

Over the past five years, the U.S. has witnessed a tenfold increase in the number of children with Type II diabetes (*Pinhas-Harniel 1996*), and the Centers for Disease Control and Prevention warns that one in three U.S. children born in 2000 will become diabetic unless many more people start eating less and exercising more (*Narayan et al. 2003*). The rise in Type II diabetes has a direct correlation with weight problems—and most overweight children have at least one medical complication, such as gallbladder disease, asthma or sleep apnea. Annual obesity-associated hospital costs among youths between the ages of 6 and 17 have increased from \$35 million during 1979-81 to \$127 million during 1997-99 (*Wang & Dietz 2002*).

Research indicates that overweight adolescents have a 70% to 80% chance of becoming obese adults. That means today's heavy kids, who already have to contend with the negative psychosocial effects of overweight (depression, anxiety disorders and isolation from their peers), most likely will suffer the dire health consequences of adult obesity, including diabetes, coronary heart disease and hypertension. This has even more ominous implications considering that the United States already spends nearly \$120 billion a year on obesity and its complications among people of all ages (*U.S. Surgeon General 2001*).

The causes of childhood overweight—increasingly sedentary lifestyles and over-consumption of high-calorie foods and beverages—are no mystery. But getting kids away from their televisions and computer screens is difficult for many reasons, from lack of adult supervision and role models to unsafe neighborhoods. With “supersized” portions of high-calorie, low-nutrient foods being cheap, accessible at all times and easy to eat on the fly, trying to persuade children to eat according to the Food Guide Pyramid becomes a daunting challenge.

Charting a healthier course for students

When the Surgeon General released the *Call to Action* in December 2001, educators, health organizations and government leaders took notice.

The two-day Healthy Schools Summit bridged the health and education communities to educate, motivate and mobilize state leaders to enact change in schools—a critical site for change given the documented link between good nutrition, physical activity and academic achievement.

The Action for Healthy Kids initiative was established to further the goals of the 2002 Healthy Schools Summit. Part of an integrated national and state network, Action for Healthy Kids state teams are working to improve nutrition and physical activity opportunities in schools. State teams (present in all states and the District of Columbia) are working to initiate and sustain action at the state, school district and school building level. Each team has created its own action plan, identifying and pursuing specific goals that are priorities for the particular state and translating concern into actions that yield positive results in children's health and improved academic performance.



“We [at The Robert Wood Johnson Foundation] know that there's enough work out there for all of us to do. Public-private partnerships are going to be a very important strategy for improving the school environment [and] the curriculum.”

**Risa Lavizzo-Mourey, President and CEO,
The Robert Wood Johnson Foundation, speaking at the Healthy Schools Summit**



“The [Healthy Schools] Summit is an outstanding idea because it brings together the leadership. What we’re really trying to do is undergo a cultural transformation. We want to get children making healthy choices. It’s a team approach. This Summit represents a big part of that team.”

Richard H. Carmona, U.S. Surgeon General, speaking at the Healthy Schools Summit

Key to the Healthy Schools Summit and the Action for Healthy Kids initiative is the *Commitment to Change* (see page 8), a guidance document developed by the Summit planning organizations. Adapted from the Surgeon General’s *Call to Action*, the *Commitment to Change* outlines specific actions needed to create schools that promote nutrition and physical activity.

The Action for Healthy Kids initiative is a public-private partnership including more than 35 national organizations and government agencies representing education, physical activity, health and nutrition. Organizations and agencies such as the National Association of State Boards of Education, the National Association for Sport and Physical Education, the American Academy of Pediatrics, the United States Department of Agriculture and the United States Department of Health and Human Services, among others, are working together in this important effort. In addition to providing ongoing guidance, these organizations contributed to the development of the Healthy Schools Summit, as well as to the formation of 51 state teams.

The Epidemic of Overweight and Obesity

At present, more than 10% of 2- to 5-year-old children and 15% of 6- to 19-year-old children and adolescents are overweight (Ogden et al. 2002). That’s double and triple the rate, respectively, of just 20 years ago.

Overweight youth have a 70% to 80% chance of remaining overweight or becoming obese as adults (U.S. Surgeon General 2001).

As a result of excessive weight, Type II diabetes—rare among children as recently as ten years ago—has become a pediatric ailment of serious concern, now accounting for 8% to 45% of new pediatric diabetes cases depending on geographic location (Kaufman 2002).

Only 2% of school-age children meet the daily requirements of all five food groups, consuming instead almost 20% of their daily calories from the tip of the pyramid: the “fats, oils and sweets” category (Food, Nutrition and Consumer Services/USDA 2001).

Almost half of young people aged 12 to 21 and more than a third of high school students do not participate in vigorous physical activity on a regular basis (NASPE 2001).

43% of teenagers in 9th through 12th grades watch at least two hours of television a day (U.S. Surgeon General 2001).

One in three U.S. children born in 2000 will become diabetic unless many more people start eating less and exercising more (Narayan et al. 2003).

www.actionforhealthykids.org

Additional information about the epidemic of overweight, undernourished and sedentary kids is available on the Action for Healthy Kids website.

Commitment to Change

The guiding document of Action for Healthy Kids, the *Commitment to Change* is adapted from the *Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity*. It outlines actions needed to create health-promoting schools that support sound nutrition and physical activity programs. Each Action for Healthy Kids state team has chosen as its goals action steps from the *Commitment to Change*.

Healthy schools—those that support good nutrition and physical activity as part of a total learning environment—produce healthy students. Healthy students are better able to develop and learn. Healthy students who achieve their educational potential form healthy communities. Healthy communities build a healthy America. The underlying premise of the Healthy Schools Summit and Action for Healthy Kids is that all schools in America should provide a healthy environment where children learn and participate in positive dietary and lifestyle behaviors and practices. By facilitating learning through the support and promotion of good nutrition and physical activity, schools contribute to the basic health status of children, thereby optimizing their performance potential and ensuring that no child is left behind. For many schools, to provide a healthy environment requires significant change. Therefore, it is essential to form public-private partnerships among the various parties who influence the school environment and curriculum and the parties who can influence the adoption of policies and practices that support healthier lifestyles as outlined in a number of recent reports.

To take concrete steps toward achieving real and lasting change for our nation's children, the Action for Healthy Kids initiative promotes 12 Commitments to Change:

1. Provide age-appropriate and culturally sensitive instruction in health education and physical education that help students develop the knowledge, attitudes, skills and behaviors to adopt, maintain and enjoy healthy eating habits and a physically active lifestyle.
2. Provide students in pre-kindergarten through grade 12 with behavior-focused nutrition education integrated into the curriculum that is interactive and teaches the skills they need to adopt healthy eating habits.
3. Ensure that meals offered through all school feeding programs meet federal nutrition standards.
4. Adopt policies ensuring that all foods and beverages available on school campuses and at school events contribute toward eating patterns that are consistent with the Dietary Guidelines for Americans.
5. Provide food options that are low in fat, calories and added sugars, such as fruits, vegetables, whole grains and low-fat or nonfat dairy foods.
6. Ensure that healthy snacks and foods are provided in vending machines, school stores and other venues within the school's control.
7. Prohibit student access to vending machines, school stores and other venues that contain foods of minimal nutritional value and compete with healthy school meals in elementary schools and restrict access in middle, junior and high schools.
8. Provide an adequate amount of time for students to eat school meals; schedule lunch periods at reasonable hours around midday.
9. Provide all children, from pre-kindergarten through grade 12, with quality daily physical education that helps develop the knowledge, attitudes, skills, behaviors and confidence needed to be physically active for life.
10. Provide daily recess periods for elementary school students, featuring time for unstructured but supervised active play.
11. Provide adequate co-curricular physical activity programs, including fully inclusive intramural programs and physical activity clubs.
12. Encourage the use of school facilities for physical activity programs offered by the school and/or community-based organizations outside of school hours.

www.actionforhealthykids.org

See the full *Commitment to Change* on the Action for Healthy Kids website.

Building the link between health and achievement

Study after study proves what educators have long believed to be true: when children's health, nutrition and exercise needs are met, they have the cognitive energy to learn and achieve. Action for Healthy Kids is committed to creating health-promoting schools that support sound nutrition and physical activity.



Action for Healthy Kids promotes American children's current and future well-being by working in the schools, where healthy behavior and academic achievement are mutually reinforcing.

In schools and districts across the United States, administrators, teachers and researchers are demonstrating again and again that sound nutrition and adequate physical activity are linked to academic achievement, self-esteem, mental health and school attendance—all leading to stronger student performance.*

"Kids have to be healthy to learn, and they have to learn how to be healthy. Healthy kids make better students. Better students make healthy communities."

William Potts-Datema, Harvard School of Public Health, speaking at the Healthy Schools Summit

Increasingly, researchers are demonstrating that undernourished children have weak academic performance, while well-nourished children are ready to learn and succeed. "Even moderate undernutrition," says a Tufts study, "can have lasting effects on children's cognitive development and school performance" (*Center on Hunger, Poverty and Nutrition Policy 1995*). With greater and greater emphasis being placed on high-stakes standardized tests, teachers and administrators must be made aware that undernourished children have weaker academic performance and earn lower scores on standardized achievement tests across all subject areas. Healthy eating habits, on the other hand, can lead to improved attendance, higher energy levels, livelier classroom participation and higher test scores.* In short, a well-nourished student is a better student. Healthy eating leads to academic success.

Similarly, students who get adequate physical activity and who have regular, sequential physical education are stronger students—physically and mentally.* In fact, says the President's Council on Physical Fitness and Sports (1999), "Youth who spend less time in other subjects to allow for regular physical education have been shown to do equally well or better in academic classes." A recent study by the California State Department of Public Instruction "provide[d] compelling evidence that the physical well-being of students has a direct impact on their ability to achieve academically. We now have the proof we've been looking for: students achieve best when they are physically fit" (*NASPE 2002*).

"An effective, long-lasting, sustainable school reform initiative can only succeed if it is based on a healthy school system.... If we are serious about saving a generation of kids, ensuring that not one of them is left behind, we must see that health and achievement go hand in hand. Only when children are healthy and safe will we be able to focus on improving their academic performance."

Pat Cooper, Superintendent, McComb School District (Mississippi), published in *The School Administrator*

* Numerous studies provide data showing that academic achievement is strengthened when students are well nourished (*ASFS 1989, Brown & Pollitt 1996, Center on Hunger, Poverty and Nutrition Policy 1995, Hinton et al. 1990, Parker 1989, Schoenthaler 1991, Schoenthaler et al. 1991, Symons et al. 1997, Troccoli 1993*) and have adequate physical education and physical activity (*Etnier et al. 1997, Keays & Allison 1995, NASPE/CPEC 2001, NASPE 2002, President's Council 1999, Sallis et al. 1999, Shephard 1996, Shephard 1997, Shephard et al. 1984, Symons et al. 1997*).

Schools: The ideal setting for change

Schools are “an obvious and logical place to begin our quest for healthier student[s]. We have to be able to provide a healthy, wholesome environment for them.”

Eric Andell, Undersecretary, U.S. Department of Education
Office of Safe and Drug-Free Schools, speaking at the Healthy Schools Summit

As one of the five key sites of change identified in the U.S. Surgeon General's 2001 *Call to Action to Prevent and Reduce Overweight and Obesity*, schools play a vital—and necessary—role in helping students learn sound nutrition and activity behaviors. Indeed, school programs and practices have a crucial influence on children's eating and activity behaviors. Such a responsibility is not meant to burden or hinder schools' goal of educating students. Instead, it is a responsibility that effectively supports every school's mission of developing better students.

“Schools are environments. They're environments where we can make some structural changes. Nutrition and physical activity are compatible with the educational mission.”

Shiriki Kumanyika, Associate Dean for Health Promotion and Disease Prevention,
University of Pennsylvania School of Medicine, speaking at the Healthy Schools Summit

While most school administrators understand the crucial link between health and learning, they nevertheless face what Healthy Schools Summit speaker Gerald Tirozzi, executive director of the National Association of Secondary School Principals, calls “the principal's conundrum.” Principals are concerned about student health, nutrition and physical activity, says Tirozzi, but they are neither encouraged nor rewarded for taking action in these areas given the numerous school priorities they face. Tirozzi thus calls on board of education members and legislators “to reorder their priorities and send a clear and vocal message to our nation's schools [about] their commitment to health, nutrition and physical education as essential components of school life [as well as] a resolve to recognize and reward principals and teachers for leadership in these areas.”

Change must happen at all levels, but achieving such change necessitates a rethinking of physical education and behavior-focused nutrition education as school priorities. As Judith Young, executive director of the National Association for Sport and Physical Education, suggested at the Healthy Schools Summit, shouldn't we all “want to educate the whole child”?



“When we target our schools, we [must remember] the important relationship between physical activity, nutrition and how well one does in school. The work you are carrying out at the [Healthy Schools] Summit is very, very important.”

Bill Frist, U.S. Senator, speaking at the Healthy Schools Summit

“We need to get serious about our children’s lifestyles. We have to get them active for at least an hour each and every day. We need to get our children off the Play Station and onto the playgrounds. An important place to make that happen is America’s schools. Schools are more than just places to learn reading, writing and arithmetic. They’re places to learn habits for a lifetime and practices for good health.”

Tommy Thompson, Secretary, U.S. Department of Health and Human Services, speaking at the Healthy Schools Summit

Healthy Students Are Better Students

Healthy behavior and academic achievement are mutually reinforcing. School-based efforts represent the best opportunity to promote American children’s current and future well-being and thus their opportunity to learn. Students whose health needs are met tend to perform better academically than children who do not have their health needs met, and students whose academic achievement is above average tend to be healthier children as well (ASFSA 1989, Brown & Pollitt 1996, Center on Hunger, Poverty and Nutrition Policy 1995, Etnier et al. 1997, Hinton et al. 1990, Keays & Allison 1995, NASPE/CPEC 2001, NASPE 2002, Parker 1989, President’s Council 1999, Sallis et al. 1999, Schoenthaler 1991, Schoenthaler et al. 1991, Shephard 1996, Shephard 1997, Shephard et al. 1984, Symons et al. 1997, Troccoli 1993).

School is a structured environment where it is possible to have a powerful influence on children’s eating and activity patterns. Youth ages 5 to 18 spend much of their day on school campuses, where a certain measure of control over what they eat and how physically active they are can be exerted. Schools can thereby help students become, as the National Association for State Boards of Education has stated, “fit, healthy and ready to learn.”

School is where children develop many lifelong habits and preferences. Many school-based intervention programs—such as Know Your Body, CATCH, Planet Health, Eat Well and Keep Moving—have demonstrated their effectiveness in changing eating and activity patterns.

Schools are “great equalizers.” By providing equality of access to information in settings where families differ in their levels of knowledge and ability to discuss nutritional and physical activity needs, schools help communities meet the needs of all children—therefore ensuring that all children will have the opportunity to reach their full academic potential.

Schools provide a place where children’s advocates can work together: families, community organizations and educators. “Schools are definitely the place to be when it comes to our obesity crisis,” says Marilyn Briggs, Director of the California Department of Education’s Nutrition Services Division and former president of the Society for Nutrition Education, speaking at the Healthy Schools Summit. “We all agree that schools share the responsibility and are an excellent place for us to work along with families and communities.”



“Students’ insights, their perceptions and their opinions are a critical component for achieving buy-in as we begin to work for change together.”

Zach Clayton, National Executive Board Chair, National Association of Student Councils, speaking at the Healthy Schools Summit

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Additional information about the links between children’s health and academic achievement is available on the Action for Healthy Kids website.

Nutrition: Letting students practice what they're learning

“All adults in the schoolhouse need to be aware of their impact as role models for good nutrition and physical fitness.”

Gaye Lynn MacDonald, President, American School Food Service Association, speaking at the Healthy Schools Summit

Nutrition education programs are essential for helping children become healthier and, in turn, better students. Such programs face numerous challenges in terms of their placement within overall school priorities: lack of funding, lack of recognition as a priority by stakeholders, competition for classroom time, insufficient time for staff development, and lack of standards and benchmarks.

Perhaps the most daunting of these challenges is the inconsistency of nutrition messages in the school environment. Although school food service is a critical part of comprehensive school-based nutrition, many schools and districts undercut the nutrition education they offer in the classroom by making foods and beverages of minimal nutritional value available on the school campus.

To practice what they learn about sound nutrition in the classroom, students need appealing and healthful food choice options in the school cafeteria. After all, lunches under the National School Lunch Program provide at least a third of the daily recommended amounts of eight major nutrients, including protein, calcium, iron and vitamin C. Studies show that children who participate in school lunch consume more nutrients than those who do not. School lunches are vital to students' overall daily consumption of healthful nutrients and foods, and are an excellent place to put nutrition lessons to work. Foods sold à la carte in the cafeteria as well as through vending, school stores, fundraisers and school events offer opportunities to reinforce positive nutrition choices among students.

Indeed, in a joint policy statement, three Action for Healthy Kids partner organizations—the American Dietetic Association (ADA), the Society for Nutrition Education (SNE) and the American School Food Service Association (ASFSA)—called for “comprehensive, sequential nutrition education; access to and promotion of child nutrition programs providing nutritious meals and snacks in the school environment; and family, community and health services' partnerships supporting positive health outcomes for all children” (ADA et al. 2003).

“Nutrition education in the classroom is a very critical piece of the whole,” according to Marilyn Briggs, Director of the California Department of Education's Nutrition Services Division and former president of the Society for Nutrition Education, speaking at the Healthy Schools Summit. “Schools provide an actual living laboratory for many positive food choices, both in the cafeteria and throughout the school environment.”

What's Working: District Policies on Food



“Schools can enlarge their mission to include student health, and they will clearly see that the efforts pay off... Since this policy went into effect, not one principal has complained about lost revenue. Apparently, good nutrition is an option.”

**Nancy Grasmick, Superintendent,
Maryland Department of Education, speaking at the Healthy Schools Summit**

Nancy Grasmick is working with other educators and leaders throughout Maryland to initiate innovative nutrition and food service policies. In Montgomery County, for example, foods sold in school cafeterias must derive no more than 50% of their calories from fat and contribute a minimum of 5% of the Recommended Daily Allowance of calcium, Vitamin A, Vitamin C and iron. The county requires that fruit beverages sold in elementary school cafeterias contain a minimum of 10% fruit juice and that donuts be removed from all middle schools. All of the county's vending machine contracts are now handled through the central office, and soda and snack machines are turned off until the last lunch ends. At the same time, Montgomery County increased the number of dairy vending machines, and these vending machines stay on throughout the day. Grasmick reports that the response has been very positive.

What's Working: School Breakfast



"Students are definitely more focused. We've leveled that playing field of who is ready to learn. [The breakfast program] empower[s] all students to reach their educational potential [by creating] good habits about eating breakfast [and] what is a quality diet."

Catherine Allie, Principal, Southlake (Maryland) Elementary School, speaking at the Healthy Schools Summit

Southlake Elementary School went from serving 120 breakfasts daily in the cafeteria to 450 breakfasts daily in classrooms. In the first three months of the program, Southlake reported an 8% decline of tardiness, a 50% decline in suspensions, and a 5% increase in the number of students scoring satisfactorily on state testing.

Food Trends in Schools

TIME TO EAT

Average amount of time students have to eat lunch in school, once seated: 23.9 minutes

Schools that serve lunch before 11 a.m.: 26% of schools

Schools that serve lunch after 1 p.m.: 13% of schools

PRESENCE OF COMPETITIVE FOODS AND DRINKS

Elementary schools: 43%

Middle schools: 74%

Senior High schools: 98%

FOODS AVAILABLE IN VENDING/SCHOOL STORES

High-fat salty snacks: 64% of schools

High-fat baked goods: 63%

Low-fat salty snacks: 53%

Non-chocolate candy: 52%

Chocolate candy: 47%

Fruits or vegetables: 18%

DRINKS AVAILABLE IN VENDING/SCHOOL STORES

Soft drinks, sports drinks, fruit drinks: 76% of schools

100% fruit juice: 55%

Bottled water: 49%

Vegetable juice: 13%

ACCESS TO SOFT DRINKS AND SNACKS

Schools that allow students to buy soft drinks or snacks high in fat, sodium or added sugars during lunch period: 68%–71%*

Schools that allow it before classes begin in the morning: 41%–48%*

*of 61% of schools with alternative foods in vending or stores

(Source: Centers for Disease Control and Prevention, School Health Policies and Programs Study 2000)

STUDENTS ARE FLUNKING HEALTHY EATING

Youth who meet Food Guide Pyramid recommendations for all five major food groups: 2%

Youth who do not meet any of the recommendations: 16%

Teenagers' soda versus milk consumption: 2 to 1

Percent of girls ages 9-19 who meet the recommended daily intake of calcium: less than 20%

(Source: U.S. Department of Agriculture, Team Nutrition Call to Action: Healthy School Nutrition Environments 2001)

What's Working: Healthy Foods and Healthy Finances

"If we are really serious about the children of this generation—the ones we help educate each and every day, the ones that we feed each and every day, the ones who face higher health risks than ever before, such as childhood obesity and diabetes—then we will and must find the resources necessary to do the right job."

Paul Schmid, Director of Food Services, School District of Philadelphia, speaking at the Healthy Schools Summit

Working with organizations such as the Food Trust in Philadelphia and government agencies such as the USDA, Philadelphia is revolutionizing its food service operations—and coming out ahead financially. Moving from whole milk to low-fat milk saved 1.6 cents per pint, resulting in a total savings of \$340,000. Adding more 100% juice and water to new glass-front vending machines sent beverage revenues up almost 18%. Overhauling the menu and vending offerings to focus on "healthy eating" in a four-school pilot actually increased vending sales.

What's Working: Integrated Nutrition Education

"We know that nutrition education is not what it used to be. Teachers tell us all the time, they feel nutrition is important, they simply don't have the time to teach it. So why teach nutrition?... Even moderate undernutrition can have a lasting effect on a child's cognitive development. We know that skipping breakfast can adversely affect a child's performance and problem-solving tasks. And most important, children who aren't hungry feel better, learn better and behave better."

Chris Flood, Team Nutrition Program Leader, Michigan State University Extension, speaking at the Healthy Schools Summit

One innovative approach for getting nutrition education into the curriculum is the Food for Thought Project. Funded by a Michigan Nutrition Network grant, Food for Thought is a cross-curricular outreach program for grades preK to 3 that links nutrition and reading. Project components include a take-home nutrition book bag for parents, families and students; nutrition-themed weeks coordinated with Reading Is Fundamental (RIF) with in-school activities for children, teachers and parents; and nutrition and literacy links that teachers incorporate into the curriculum. The success of the program has led to a similar program linking reading and physical activity.

What's Working: Healthy Eating Programs

"[W]e concluded that we were the major contributor to the misbehavior that we were experiencing after lunch. Students had at their disposal, throughout the school day, pop and candy and chips, which we all know [are] very high in fat and sugar. We also were selling all these items in our hot lunch program through à la carte. Through charting [discipline] referrals and graphing them, we discovered that approximately 40 to 60 minutes after lunch, generally, our students' behavior was the most disruptive. We were seeing consistent disruptions as far as nervousness, lack of attention, those hyperactive types of behaviors. If this was the case, our logical conclusion was that academics were being compromised."

Kim Anderson, Principal, Whitefish (Montana) Central School, speaking at the Healthy Schools Summit

Since their initial study, Anderson, other administrators and teachers have worked closely with the Whitefish Central PTA, food service staff, parents and students to identify the foods and beverages that were contributing to behaviors that detracted from the learning environment. Today, Whitefish Central School no longer offers soda in vending machines, having replaced it with bottled water and 100% juices. Additionally, candy is no longer available to students during school, either through a vending machine or through the lunch program, and additional vending machines offer items such as sandwiches, yogurt, milk, fruit and bagels. Whitefish Central's lunch program, moreover, sells homemade items, including pretzels, bagels, salads, jerky, baked chips, puddings and sub sandwiches. Since the change two years ago, Whitefish Central's discipline referrals after lunch have decreased from six to eight referrals per day to one or two per week. Furthermore, teachers report that they are happy, parents are very appreciative and students, Anderson and his teachers believe, are learning more.

Physical activity and physical education: Learning in action

Despite what we know about the relationship between physical activity and learning, physical activity and physical education programs continue to be cut as most states face severe budget shortfalls and as the emphasis on standardized tests and other school priorities becomes more intense. Indeed, with such priorities in place, physical activity and physical education often are not at the forefront of district concerns.

Physical activity/physical education programs face a myriad of challenges: time assigned for physical education and recess is being eroded; physical education requirements are being dropped; class sizes are too large; equipment and facilities are poor; and resources are not directed sufficiently to physical education (as evidenced by the number of uncertified and untrained teachers who teach physical education). These obstacles have become more widespread in recent years during heightened attention to standardized test scores and increased budget cuts.

If students do not participate regularly in physical education throughout their K-12 education, their potential for lifelong physical activity and, by extension, lifelong health will suffer. “Physical education is an integral part of the total education of every child,” states the National Association for Sport and Physical Education (NASPE). “Quality physical education programs are needed to increase the physical competence, health-related fitness, self-responsibility, and enjoyment of physical activity for all students so that they can be physically active for a lifetime. Physical education programs can only provide these benefits if they are well-planned and well-implemented.” And trying to save money now by eliminating physical activity and physical education programs, according to NASPE President Kim C. Graber, speaking at the Healthy Schools Summit, will be disastrous in the long term. “What is saved by starving health promotion activities in the schools,” says Graber, “will be lost a thousand-fold by spiraling healthcare costs down the line.”

Physical activity and physical education programs support common school priorities related to student achievement and learning. Indeed, rather than competing with academic priorities, physical activity and physical education programs help schools better meet key goals for student learning performance. A 1999 study, for example, demonstrated that schools offering physical education programs did not experience a negative effect on standardized test scores, even though less time was available for other academic subjects (*Sallis et al.*).

What’s Working: Physical Education

“This physical education accomplishment greatly improves students’ self-esteem, which, in turn, gives them the assurance that they can be successful in the classroom, too.” **Helen Hicks, a 4th-grade teacher with 26 years’ experience, Grove Hill (Alabama) Elementary School**

Terry Foster, principal of Grove Hill Elementary, speaking at the Healthy Schools Summit, confirmed that daily physical activity and physical education (30 minutes a day, including three days of structured physical education in grades K-2 and four days of structured physical education in grades 3-4 taught by certified physical education teachers) enhanced his school’s classroom climate. Teachers—such as Helen Hicks—have seen firsthand the link between physical activity, physical education and better learning behaviors.



“The best window our children have in our society today is our educational system and programs... We can’t mandate that our kids be stronger. We can’t mandate that they be smarter. We can’t even mandate that they be better people. But we can show them, we can teach them, we can give them information.” **Lynn Swann, Chairman, President’s Council on Physical Fitness and Sports, speaking at the Healthy Schools Summit**

In addition to improving students' self-esteem, physical education programs, according to Judith Young, executive director of NASPE, "indirectly enhance children's reading and math performance by improving mental alertness [and] reducing stress" (Young 2003).

Bolstering students' aptitude for learning in these ways, in turn, strengthens overall school performance—a key priority that traditionally has placed physical education on the backburner of school concerns. Successful physical education and school achievement, then, can be complementary priorities instead of competing ones.

Physical Education's National Report Card

"The opportunities for our young people to participate in physical activity at school and to obtain skills from physical education classes that can help them stay active for a lifetime have decreased in recent decades and are far below recommended levels."

Howell Wechsler, Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, speaking at the Healthy Schools Summit

Currently, only one state requires daily physical education at all grade levels (NASPE 2001).

Although most states have some mandate for physical education (while not necessarily at all grade levels), most states require only that physical education be provided. Local districts have control over content and format (NASPE 2001).

Student participation in physical education continues to decline. In 1991, 42% of high school students had physical education every day during at least one semester. By 1999, that figure had dropped to 29%, but by 2001 it had started to climb again to 32% (CDC 2003).

Most high school students take only one year of physical education between grades 9 and 12 and less than a third of high school students attend physical education class daily (NASPE 2001). One out of four children do not attend any school physical education classes (CDC 1999-2000).

What's Working: Physical Activity



"We need to make it relevant for youth. We need to make it speak to them in their language in a way that they can understand and in a way that they can teach us what needs to happen next."

Arnell Hinkle, Executive Director, California Adolescent Nutrition and Fitness Program (CANFit), speaking at the Healthy Schools Summit

Concerned that "the message isn't getting out to a lot of communities that especially need to hear the message... and act on it," Arnell Hinkle explained to Healthy Schools Summit attendees how CANFit is working with low-income communities and youth of color to promote improvements in nutrition and physical activity. One of the group's signature programs, the P.H.A.T. Campaign (Promoting Healthy Activity Together), uses hip-hop dance and healthy eating messages to engage youth ages 10 to 14. Says Hinkle, "Give them the skills, give them the experience, give them a different way of being, a different way of seeing, and let them try out some new things." The results to date are encouraging: increased activity levels after school and increased water consumption among participants.

www.actionforhealthykids.org

Visit the Action for Healthy Kids website for more examples of "What's Working" success stories, model programs and other resources to improve students' nutrition and physical activity.

State teams: Mobilizing to take Action for Healthy Kids

At the core of Action for Healthy Kids is the *Commitment to Change*—a guiding document adapted from the Surgeon General's *Call to Action to Prevent and Decrease Overweight and Obesity*. The *Commitment to Change* (see page 8) outlines actions needed to create health-promoting schools that support sound nutrition and physical activity programs. Each Action for Healthy Kids state team has chosen as its goals action steps from the *Commitment to Change*.

State teams are composed of a wide range of volunteers: education and health leaders; government leaders; school administrators and educators; concerned parents; student leaders; and community and business leaders. Through the Summit and through the efforts of the national Action for Healthy Kids initiative, state teams have been equipped with resources and tools to help them move forward. With the support of a national coordinating group and generous sharing of collaborating organizations, state teams have developed and are beginning to implement action plans that address state priorities and work toward the *Commitment to Change* goals.

In addition to sharing ideas among themselves, AFHK state teams are collaborating and cooperating with diverse groups in order to make meaningful change occur. State teams are working with such groups as Coordinated School Health Programs funded by CDC, NASBE's Healthy Schools Network, USDA's Team Nutrition, Five-A-Day partners, American Cancer Society chapters, the Governor's Council and state departments of education and health.

As key stakeholders turn their attention to change, Action for Healthy Kids gives them a national voice for addressing the obesity epidemic and provides resources and tools for taking action through the state teams.

Action for Healthy Kids: Forging Public-Private Partnerships

Since its launch in October 2002, Action for Healthy Kids has been lauded at the U.S. Department of Health and Human Services' Steps to a HealthierUS Conference 2003 and in a major report on school nutrition from the U.S. General Accounting Office (GAO).

The GAO report—*School Lunch Program: Efforts Needed to Improve Nutrition and Encourage Healthy Eating* (May 2003)—identifies AFHK as a model, citing the initiative as an “example of community collaborations to promote children's nutrition as well as physical activity.” In particular, the GAO report praises efforts by several federal agencies—including the U.S. Department of Agriculture, U.S. Department of Education and the Centers for Disease Control and Prevention—for collaborating with other national organizations in the Healthy Schools Summit and the Action for Healthy Kids initiative. The GAO report points to AFHK as one of the “growing support structure[s]” for efforts to promote and implement school activities at a local level and concludes that the support of programs such as AFHK is critical in the fight to keep children healthy through teaching them to make better choices.

State officials throughout the U.S. have touted the work of AFHK in tackling key school health issues. Michael E. Ward, state superintendent of the North Carolina Department of Public Instruction and president of the Council of Chief State School Officers, notes that schools are conflicted about their role in the solution, as they are faced with incredible challenges to meet the goals of federal and state mandates. “To make real preventive progress,” he says, speaking at the Steps to a HealthierUS Conference, “schools must be part of the solution, and health and physical education must not be short-changed.” Ward applauds the Healthy Schools Summit as “a step in the right direction” and cites the North Carolina Action for Healthy Kids team as a vehicle to create school solutions.

“We at the Department of Agriculture are working with the U.S. Department of Health and Human Services, along with the U.S. Department of Education, to support Action for Healthy Kids, a nationwide initiative dedicated to health-promoting schools that support sound nutrition and physical activity.”

Ann Veneman, Secretary, U.S. Department of Agriculture, speaking at the Steps to a HealthierUS Conference 2003

AFHK State Teams in Action

Action for Healthy Kids state teams are planning and initiating state and local actions to promote sound nutrition and physical activity throughout the school environment.

- ▶ *The Massachusetts Team* has developed “A La Carte Food Standards to Promote a Healthier School Environment,” which it will distribute to schools throughout the state. The team also will be working with school districts to establish targets for number of hours required for physical education at each grade level, based on guidelines from MAHPERD (Massachusetts Association for Health, Physical Education, Recreation and Dance) or NASPE.
- ▶ *The Alabama Team* conducted a school vending machine survey with 1,400 school principals. The team used the results to help develop a “Guide to Healthy Vending,” which it distributed to all principals in the state.
- ▶ *The Delaware Team* will go into every school in the state to provide staff training on how to test students’ physical fitness. The team is working to ensure that 50% of students show an improvement on physical fitness tests by 2004-05.
- ▶ *The Indiana Team* is providing all superintendents with a position paper summarizing the relationship between recess and academic performance, and a resource kit of selected before/after school activities and nutrition programs. The team is recruiting schools to offer and promote fruits and vegetables and low-fat or non-fat dairy products, and it is officially recognizing schools through a Healthy Hoosier Award Program.
- ▶ *The Florida Team* is using surveys and public awareness campaigns to ensure that schools across the state provide preK-12 students with quality daily physical education as well as adequate and appropriate time for meals and recess.
- ▶ *The Texas Team* is working to ensure that the majority of Texas school districts have a school health advisory council responsible for making recommendations and monitoring nutrition and physical activity programs within the district. The team also is working to ensure school district accountability in support of the coordinated school health requirements identified in Texas Education Code and mandated by State Boards of Education.
- ▶ *The New York Team* will expand the reach of nutrition guidelines that ensure all foods and beverages available on school campuses and at school events contribute toward eating patterns that are consistent with the Dietary Guidelines for Americans. In addition, the New York team will increase the percentage of schools offering mostly non-fat and 1% milk.
- ▶ *The Mississippi Team* is working toward a comprehensive physical activity curriculum in the state and training opportunities for teachers. The team also is working to establish a comprehensive nutrition education curriculum in the state’s public and private schools. The goal: that all schools in Mississippi will offer healthful food and beverage choices in all venues in their control to reinforce the nutrition education curriculum by 2005.
- ▶ *The Virginia Team* has developed a health curriculum for 10th-grade nutrition classes, which is supported by the State Department of Education, as well as a nutrition resource guide for K-12 teachers. The team has introduced these programs to teachers via a workshop and the web.
- ▶ *The North Carolina Team* is developing nutrition standards for food served outside the school meals program, with support from the North Carolina School Food Service Association. When complete, the team will promote the standards in the state’s 117 school districts.
- ▶ *The Arkansas Team* will work with districts to ensure that healthy snacks are offered on at least 30% of the state’s campuses. The team launched an awareness campaign targeting superintendents, hosted a state-level “summit” and is working to educate legislators on key issues.
- ▶ *The Kansas Team* has awarded 13 mini-grants to school teams that have developed strategies for improving choices of healthy foods and beverages on campus, and for increasing physical activity during and after school.

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To find out what the state teams are working on and how to join a team, visit the Action for Healthy Kids website.

Healthy School Heroes: Leading the way

Individuals can—and do—have a profound impact when they take action for healthy kids and when everyone who cares about our children works together for change. The Healthy School Heroes—individuals recognized for their outstanding work to improve children’s nutrition and physical activity in our nation’s schools—understand that everyone must be part of the solution.

Nominated by Action for Healthy Kids partner organizations, the 27 individuals who have been honored as Healthy School Heroes include a state senator, a third-grade teacher, principals, food service directors, health and physical education teachers, school nurses, state department of education representatives, a researcher, a school board member, a doctor, nutrition program directors, school health coordinators and association representatives.

Each Healthy School Hero has been awarded a plaque and \$1,000 to help advance his or her ongoing commitment to healthy schools. The Healthy School Hero program is funded by The Robert Wood Johnson Foundation.

Principals setting the tone: Larry Larson, principal of North Cache 8-9 Center in Richmond, Utah, has taken such a strong lead advocating physical activity and nutrition at his school that everyone is involved: all 51 teachers, staff, students and, soon, parents. Specifically, Larry has donated fitness equipment, refurbished and set up the equipment in the school for after-school physical activity, and given all teachers a pedometer as part of the school’s “Get Up, Get Out, Get Fit” program. Each teacher sets his or her own goal for the number of steps walked in any given week. The program has been so successful that students regularly check in with their teachers about how many steps they have recorded. As a result of this comprehensive healthy school environment, students have set their own physical activity and nutrition goals.

Board members taking action: Margie Bradford, an RN and school board member in Kentucky’s Bardstown Independent School District, has committed her time and energy to promoting nutrition and fitness programs as key contributors to student achievement. Insisting that nutrition and physical activity should not be separated from the academic curriculum, Margie advocates preserving and strengthening efforts even in the face of state budget crises. She has convinced her school board of this connection between good health and good achievement, and she advances this cause at state and national levels as well. Margie has been on her local school board for more than 20 years. As an RN, she has always promoted school health as an important aspect of the school environment.

School staff creating new programs: As food service director of a large urban school district, Robert Deignan supervises 17,000 meals daily. Bob has been a pioneer in encouraging students to improve their school nutrition experience. A recent innovation has been improved school milk, with new packaging, flavors and other changes. Schools that followed this model nationally saw a resulting increase in school meal participation and students’ milk consumption. The new milk has proved popular with Bob’s students, and he hopes this improvement will help the students in Massachusetts’ Lowell Public Schools lower their risk for osteoporosis and other major health conditions in the future.

Government leaders building the team: A nutrition education consultant for the Wisconsin Department of Public Instruction, Julie Allington has helped to incorporate USDA Team Nutrition’s “Changing the Scene” and a comprehensive nutrition and physical education curriculum in two Native American Indian Reservations, Menominee and Lac du Flambeau. By collaborating with different health professionals, school board members, teachers and school food service staff, Julie has facilitated communication for change that will affect 655 Native American students and 34 teachers in Wisconsin at three schools. Working with 30 schools at large, Julie is developing best practices to improve school nutrition to share throughout the state.

“Until we get serious about advocating for nutrition and physical education programs, our schools will fail to teach the whole adolescent, putting all students at risk of not achieving their potential.”

Dan Albertsen, Principal, Watertown (South Dakota) Middle School,
named as a Healthy School Hero

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To learn about other Healthy School Heroes,
visit the Action for Healthy Kids website.



Healthy Schools Summit

TAKING ACTION FOR CHILDREN'S NUTRITION & FITNESS

October 7 – 8, 2002

Washington, D.C.

AGENDA

MONDAY, OCTOBER 7, 2002

Session 1: “Setting the Agenda” for Creating Healthy School Environments

- ▶ **Welcome – A Call to Action**, David Satcher, MD, PhD, Chair, Healthy Schools Summit
- ▶ **The Power of Private-Public Partnerships**, The Honorable Secretary Ann Veneman, U.S. Department of Agriculture; The Honorable Eric Andell, U.S. Department of Education Office of Safe and Drug-Free Schools; The Honorable Secretary Tommy Thompson, U.S. Department of Health and Human Services
- ▶ **Nutrition and Fitness of America's Children: What Needs to Be Done?** Shiriki Kumanyika, PhD, MPH, RD, Associate Dean for Health Promotion and Disease Prevention, University of Pennsylvania School of Medicine
- ▶ **The Role of the National School Meal Programs in Helping Children Meet Their Potential**, The Honorable Eric Bost, Under Secretary for Food, Nutrition and Consumer Services, U.S. Department of Agriculture
- ▶ **Introduction to State Teams – Healthy Schools Goals**, Alicia Moag-Stahlberg, MS, RD, Director, Healthy Schools Summit

Session 2: Children Reaching Their Potential – Achievement Depends on Good Health

- ▶ **Challenges Facing Schools**, Gerald Tirozzi, PhD, Executive Director, National Association of Secondary School Principals
- ▶ **Evidence Linking Health, Fitness and Achievement**, Bill Potts-Datema, MS, Harvard School of Public Health
- ▶ **Improving Academic Performance – An Educator's Perspective**, Nancy Grasmick, PhD, Superintendent, Maryland Department of Education
- ▶ **PANEL: The Connection Between Student Achievement, Nutrition and Physical Activity**

Panel Chair: Vincent L. Ferrandino, EdD, Executive Director, National Association of Elementary School Principals

Panelists: Catherine Allie, Principal, Southlake Elementary School, Gaithersburg, Md.
Joyce Bales, PhD, Superintendent, Pueblo School District #60, Pueblo, Colo.
Kim Anderson, Principal, Whitefish Central School, Whitefish, Mont.

Lunch

- ▶ **Introduction**, Julie O'Sullivan Maillet, PhD, RD, President, American Dietetic Association
- ▶ **President's Healthier US Initiative – Helping Kids Be More Fit**, Lynn Swann, Chairman, President's Council on Physical Fitness and Sports

Session 3: Overcoming Barriers to Change: Challenges & Solutions

- ▶ **Social Responsibility – Addressing the Health of Our Nation’s Youth**, Jean Ragalie, Executive Vice President, Public and Industry Relations, National Dairy Council
- ▶ **State of Affairs – The Nation’s Report Card on Physical Activity and Nutrition in School**, Howell Wechsler, PhD, Team Leader, Research Application Branch, Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention
- ▶ **Physical Education – Challenges and Solutions at the School Level**, Kim C. Graber, EdD, President, National Association for Sport and Physical Education
- ▶ **School Meal Programs – Challenges and Solutions at the School Level**, Gaye Lynn McDonald, SFNS, President, American School Food Service Association
- ▶ **Nutrition Education – An Integral Component of the Healthy School Environment**, Marilyn Briggs, MS, RD, Immediate Past-President, Society for Nutrition Education; Director, Nutrition Services Division, California Department of Education
- ▶ **CONCURRENT PANEL SESSIONS: Case Studies on Addressing Constraints and Barriers to Healthier School Environments**

PANEL 1: Balancing Good Health and Finances

Panel Chair: Nora L. Howley, MA, CHES, Project Director, School Health, Council of Chief State School Officers

Panelists: Ronald L. Epps, PhD, Superintendent, Richland County School District I, Columbia, S.C.

Patricia E. Newby, EdD, Former Superintendent, Grand Rapids Public Schools, Mich.

Paul Schmid, SFNS, Director of Food Services, School District of Philadelphia, Pa.

PANEL 2: Making Physical Activity a Priority in Schools

Panel Chair: Judith C. Young, PhD, Executive Director, National Association for Sport and Physical Education

Panelists: Diana Everett, PhD, CAE, Executive Director, Texas Association for Health, Physical Education, Recreation and Dance

Michael Tenoschok, EdD, Supervisor, Health, Physical Education, Intramurals, JROTC, Cobb County Schools, Marietta, Ga.

Terry Foster, Principal, Grove Hill Elementary School, Ala.

PANEL 3: Making Nutrition Education a Priority in Schools

Panel Chair: Robert D. Murray, MD, Director, Borden Center for Nutrition and Wellness, Children’s Hospital, Ohio State University

Panelists: Chris Flood, MS, Team Nutrition Program Leader, Michigan State University Extension

Jo Mecham, RNC, School Nurse, Bettendorf Middle School, Bettendorf, Iowa

Susan R. Davis, MS, RD, Nutrition Education Coordinator, Hartford Public Schools Food Service Department, Hartford, Conn.

Session 4: State Teams Planning Session

- ▶ **Facilitated State Teams Work Session**, Brian Emerson and Lisa Silverberg

TUESDAY, OCTOBER 8, 2002

Session 5: Building State Action Plans

- ▶ **Facilitated State Teams Work Session: Creating Plans for Taking Action at the State Level**, Brian Emerson and Lisa Silverberg

Session 6: Road to a Healthier Future

- ▶ **Introductory Comments**, David Satcher, MD, PhD, Chair, Healthy Schools Summit
- ▶ **Implementing the “Call to Action,”** The Honorable Eve Slater, MD, Assistant Secretary for Health, U.S. Department of Health and Human Services
- ▶ **The Community – Critical Partners in Making Change**, Pat Cooper, PhD, Superintendent, McComb District Schools, Miss.

Session 7: Creating a Network of Change Agents

(Co-sponsored by American Cancer Society and Consumer Federation of America)

- ▶ **Role of Social Change in Public Health**, Carol Tucker Foreman, Director, The Food Policy Institute, Consumer Federation of America
- ▶ **Developing Champions Where It Counts: Lessons for School-Based Approaches**, Dan Smith, National Vice President for State and Federal Government Relations, American Cancer Society
- ▶ **Being a Change Agent in Any Setting: Tools of the Trade**, Tracy Fox, MPH, RD, President, Food, Nutrition and Policy Consultants
- ▶ **CONCURRENT PANEL SESSIONS: Examples of Change Agents in Action**

PANEL 1: Change Agents Who Made a Difference – National and State Perspective

Panel Chair: Barry Sackin, Vice President for Public Policy, American School Food Service Association

Panelists: Carol Voss, MEd, RD, Iowa Nutrition Education Network, Iowa Department of Public Health

Ken Hecht, Executive Director, California Food Policy Advocates

Margo Wootan, DSc, Director of Nutrition Policy, Center for Science in the Public Interest;
Coordinator, National Alliance for Nutrition and Activity

PANEL 2: Change Agents Who Made a Difference – State and Local Perspective

Panel Chair: Tracy Fox, MPH, RD, President, Food, Nutrition and Policy Consultants

Panelists: Oklahoma State Senator Bernest Cain

Jonathan Shenkin, DDS, MPH, Department of Pediatric Dentistry, University of Iowa

Charles Kyte, PhD, Executive Director, Minnesota Association of School Administrators

Lunch State-of-the-Art Cafeteria (sponsored by the American School Food Service Association)

Session 8: Marketing Health to Kids

- ▶ **What Are Students Thinking? Hearing From Your Target Audience**, Zach Clayton, National Executive Board Chairman, National Association of Student Councils; Jane Tschetter, National Vice President of Community Services, Family, Career & Community Leaders of America
- ▶ **Motivating Social Change – What Do Kids Want?** Sharyn Sutton, PhD, President, Sutton Social Marketing
- ▶ **PANEL: Marketing Health to Kids – Examples That Work**
Panel Chair: Duane Alexander, MD, Director, National Institute of Child Health and Human Development
Panelists: Faye L. Wong, MPH, RD, Director, Youth Media Campaign, Centers for Disease Control and Prevention
Grant G. Prentice, Executive Vice President, Strategy and Business Integration, Dairy Management Inc.
Arnell Hinkle, RD, MPH, CHES, Executive Director, California Adolescent Nutrition and Fitness Program

Session 9: Keeping the Momentum

- ▶ **Healthy School Heroes Recognition Program**, Risa Lavizzo-Mourey, MD, MBA, President and CEO-Designate, The Robert Wood Johnson Foundation
- ▶ **Summary Remarks**, David Satcher, MD, PhD, Chair, Healthy Schools Summit

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Healthy Schools Summit transcripts, presentation materials, and speaker biographies are available on the Action for Healthy Kids website.

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Action for Healthy Kids Partner Steering Committee

American Academy of Family Physicians	National Association of State Boards of Education
American Academy of Pediatrics	National Association of Student Councils
American Diabetes Association	National Coalition for Parent Involvement in Education
American Dietetic Association	National Coalition for Promoting Physical Activity
American Federation of Teachers	National Conference of State Legislatures
American Public Health Association	National Dairy Council
American School Food Service Association	National Education Association – <i>Health Information Network</i>
American School Health Association	National Medical Association
Association for Supervision and Curriculum Development	National Middle School Association
Association of School Business Officials International	National School Boards Association
Association of State and Territorial Chronic Disease Program Directors	Society for Nutrition Education
Association of State and Territorial Health Officials	The Robert Wood Johnson Foundation
Association of State and Territorial Public Health Nutrition Directors	Society of State Directors of Health, Physical Education and Recreation
Council of Chief State School Officers	U.S. Department of Agriculture – <i>Food and Nutrition Service</i>
Family, Career & Community Leaders of America	U.S. Department of Education – <i>Office of Safe and Drug-Free Schools</i>
Food Research and Action Center	U.S. Department of Health and Human Services – <i>Office of Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, and National Institute of Child Health and Human Development</i>
National Association for Sport and Physical Education	
National Association of Elementary School Principals	
National Association of School Nurses	
National Association of Secondary School Principals	

Credits

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